

City of Hereford
P. O. Box 2277, Hereford, TX 79045

Application for Employment

PRINT IN BLACK INK OR TYPE. Fill out application form completely. If questions are not applicable, enter "NA." Do not leave questions blank. Be sure to sign when completed. The City of Hereford is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services. You may make copies of this application and enter different position titles and job numbers, but each copy must have an original signature. Resumes will not be accepted in lieu of applications, but may be included with the completed application. This application becomes public record and is subject to disclosure. All employees of the City of Hereford are employees at will and as such have no property interest in employment or any expectation of continued employment, promotion or any personal benefits including but not limited to sick leave, compensation time off and disability, life and group health insurance.

NAME							()	
(Last)			(First)		(Mid	dle)		(Daytime Phone)	
MAILING ADDR	ESS _						_ ()	
	(N	umber) (St	treet)	(City)	(State) (Zip Code) (Wo	ork Phone, Optional)	
SOCIAL SECURI	TY NUN	MBER _	- 1 						
Position:	Job Number:			Type of Employment: Full-time Part-time Temporary					
Are you currently employed? Yes No] No	If yes, may we contact your employer? Yes No				
Date Available for work?					Are you at least 16 years of age? Yes No				
Do you have any relatives working for the City of					If yes, list name and relationship:				
Hereford?									
Yes No (Background check disqualify you, but Education (Note: certifications and reserved to the certification of the certifications and reserved to the certification of the ce	If Yes, ks are contained a false search Applia registration and location	please exponducted statement vicants mayons.) EED?	on all resident of all resident of the residen	new emplo quired to No or GED Ins	show proof	City of	Hereford. A	conviction may not transcripts, licenses,	
Type of School	Name o	of School	Lo	cation	No. of Y	ears	Graduated?	Degree	
College							Yes N		
College							Yes No	0	
Vocational							Yes N	0	
Vocational							Yes No	0	
						r 			
License/Certificati	ion	Date Issu	ıed	Date	Expires	Issu	ued by:	License No.	
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Employment History	(List present or most recen	t positions first)			
Name of Employer	(List present of most recen	Address			
Phone	Type of Business	Department	Position		
Duties					
Name and position of	immediate supervisor				
Date Employed	Date ended	Starting salary	Final salary		
Reason for leaving					
Name of Employer		Address			
Phone	Type of Business	Department	Position		
Duties					
Name and position of	immediate supervisor				
Date Employed	Date ended	Starting salary	Final salary		
Reason for leaving					
Name of Employer		Address			
Phone	Type of Business	Department	Position		
Duties	Type of Business	Bopartinone	Tostion		
	 				
Name and position of	immediate supervisor				
Date Employed	Date ended	Starting salary	Final salary		
Reason for leaving	and the second description of the second		<u> </u>		
nisstatement, falsification,	or omission of information may be		ue and complete. I understand that a hired, termination. (2) I authorize any		

(Signature – Applicant)

(Date)